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APPLICANTS

Raja Daoud, Santa Clara, CA;
 Francisco J. Romero, Plano, TX;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Verified and Acknowledged	/EL HADJI MALICK SALL/ Examiner's Signature	<input type="checkbox"/> Met after Allowance ES Initials	CA	7	20
					4

ADDRESS

HEWLETT-PACKARD COMPANY
 Intellectual Property Administration
 3404 E. Harmony Road
 Mail Stop 35
 FORT COLLINS, CO 80528
 UNITED STATES

TITLE

APPARATUS AND METHOD FOR IDENTIFYING A REQUESTED LEVEL OF SERVICE FOR A TRANSACTION

FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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